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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known	
				Application Number	
				Filing Date	
				First Named Inventor Hiroshi Hashimoto	
				Group Art Unit	
Examiner Name					
Sheet	1	of	1	Attorney Docket Number 16UL02021	

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	U.S. Patent Document		Name of Patentee or Applicant Of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code* (if known)			
A. D.	AA	6,245,019	B1	Kamiyama	Jun. 12, 2001	
	AB	6,236,706	B1	Hsieh	May 22, 2001	
	AC	5,971,928		Dodd et al.	Oct. 26, 1999	
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Examiner Initials*	Cite No. ¹	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Office ³	Number ⁴	Kind Code ⁵ (if known)				
A. D.	FA	Japan	2000063862		GE Yokogawa Medical Systems Ltd.	09-18-2001	Abstract only	
A. D.	FB	Japan	11194302		GE Yokogawa Medical Systems Ltd.	01-23-2001	Abstract only	
	FC							
	FD							

OTHER PRIOR ART - - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the items (book, magazine, journal, serial, symposium, catalog, etc.), data, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature		Date Considered:	5/17/04
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Unique citation designation number. ²Applicant is to place a checkmark here if English language Translation is attached.